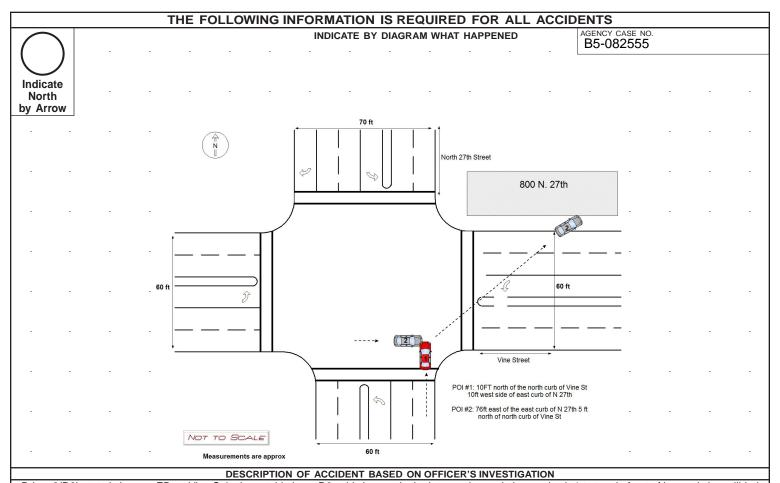
2150: 5935:	36204 9		State of Ne Investig		Mot	or Ve	hic	le Ad	ccid	er	nt Re	port	,	Shee	et _1	of _	4	_
2	Total Nu		Local No./ District			HIT & RUN		INVESTIGA		_								
A/1	of Vehi		029		110.	5-082555)				YES (In Mil		XYES NO STATE USE ONLY				1	_
02	DATE OF ACCIDENT		S M T W TH F S TIME OF COALS											LOIVE				
A/2	ACCIDENT		ACCIDENT 2010															
	PLACE OF	COUNTY	Lancaster NOTIFIED 2019										09/06					
В	ACCIDENT	Lincoln				PRIVATE PROPERT	YES NO	LATITUDE	720									
78	ROAD O			o. Vine St	/ N 27th	-N 28th					ONE-WAY STREET?	YES NO						
с 4	DISTANCE	FROM	FEET	N	S E W	OF MILEPOST			HIGH	WAY			LONGITUE	E			1	
D.	MILEPO	OST	IF AT INTERSI	ECTION		INILEI GGT		IF NOT	AT INT	ERS	ECTION							
1		NAM	ME OF INTERSECT		,		FEET \subset	MILES	N S	Е	W OF N	EAREST STREE	T, BRIDGE	RAIL	ROAD C	ROSSING	3	
V1/M	N 27th/	Vine S	St															
03	MILES		N S E	W AND	VAS OUTSI	DE CITY LII	MITS, IN		ISTANC NEAREST	E FF	ROM NEAF	REST TOWN						
V2/M			N O L	MILES					OR TOW	/N								
01	R. WORK	R1	R2 R3 R4	S. PEDES	TRIAN	S1 S2	S3	S4 S5-a	a S5-b	S6-a	a S6-b	DOES ACCIDE STATE DEPT.						
E 2	CODES	1		CODES								○YE	s 🌣	NO				
F				•		V	EHICLE	NO. 1]	
2	DRIVER LICENSE	I	_{NO.} H13447	7561								(Of License)	NE			FEMALE MALE		
V1/N	DRIVER LEANN	A K M.	ATHEWS						716	-338	3-5092		LOCAL NO	D.				
2	DRIVER ADDRESS CITY, STATE, ZIP DATE OF													V1/1	_			
V2/N 2	2010 Greenspire DR, Lincoln, NE 68521 (MM /DD /YYYY) 11/30/1994 (MM /DD /YYYY) LOCAL NO.														18			
G	Leanna A MATHEWS 716-338-5092														V1/2			
6	OWNER ADDRESS CITY, STATE, ZIP CITATION X YES CITATION NO. LB482828											V1/3	_					
Н	LICENSE PLATE	PA	NO. TRW304 YEAR (Plate Expires) 2016									2016		STA (Of P		NE		
2	VEHICLE		YEAR MAKE MODEL BODY STYLE COLOR 1999 Pontiac GAS 4 door Sedan red										STIMATED I		E		V1/4	
V1/O 4	VEHICLE ID			1		0/10		T 400	. Ocu	J11	INSURANC	E COMPANY	TOTALL	υ Ψ			V1/5	_
V2/O	VEHICLE ID NO. (V/M) 1G2NE52E8XC560651 State Farm TOWED TO TOWED BY POLICY NO.										18							
4	101 Cha	relsto	<u>n</u>		Captia	I Towing		- 110 0			1039	93230227					V1/6 35	
1	DRIVER		000040	004		V	EHICLE	NO. 2				STATE	NIE.		X	FEMALE		_
V1/P	LICENSE DRIVER		NO. G02040	004					PHONE			(Of License)	NE LOCAL NO			MALE		
1	SHIRLE DRIVER ADDR		ECKMAN		OLT. / O	7475 710			580)-14	11	D. 175 05					V2/1	_
V2/P	431 N 44	TH S	T APT 1426,	LINCOL	N, NE 6	8503		DATE OF BIRTH 06/05/1926									18 V2/2	_
1	OWNER SHIRLE	Y A HI	ECKMAN						PHONE 580	-141	11		LOCAL NO	O.			VZIZ	
J 01	OWNER ADDR		426, Lincoln,	NE 6950		TATE, ZIP					CITATION	YES	CITATION	NO.			V2/3	_
V1/Q	LICENSE			, INC 0000	<i></i>					(PENDI YEAR			STA	TE		V2/4	_
1	PLATE	PA	NO. SSS857	MAKE	M	IODEL		BODY STY	LE	(Pla	ate Expires)	2015	STIMATED [(Of PA	uic)	NE	V2/4	
V2/Q	VEHICLE		2007	Ford		TSE		4 doo	r Seda	an	gold		X >TOTALE				V2/5	_
1 к	VEHICLE ID NO. (VIN)	1FA	AFP53U27A	177032							1	E COMPANY Farm					18	_
02	TOWED TO	rlesto	n		TOWED BY	ıl Towing	ĺ				POLICY NO	910F0327					V2/6 35	
			lete this se	ection for				<u> </u>				OF BIRTH	1 Coat	2	3 Dody	4	5 SEX	×
VEH. #	NAME	(Com	plete a continuati		nore than th DRESS	ree were inj	ured)				(MM /	DD / YYYY)	Seat Position	Eject	Body Region		ans. M F	: -
2	SHIRLEY	A HE	CKMAN 431 N		26, Linco	oln, NE 6				C	6/05/19	926	01	1	04	4 2	2 F	
	LOCAL NO.		BryanLGH Me	NAME dical Center '	West (Linc	oln General	\ I	ERVICE NAMI COIN Fire		esci	ue		EMS RU	N REPO	ORT NO.			
VEH. #	NAME			ADI	DRESS						-							-
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS S	ERVICE NAMI	E				EMS RU	N REPO	ORT NO.			_
																<u> </u>		
VEH. #	NAME			ADI	DRESS													
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS S	ERVICE NAM	E				EMS RU	N REPO	DRT NO.			_



Driver 2(D2) stated she was EB on Vine St in the outside lane. D2 said she was in the intersection and observed veh 1 to turn in front of her and she collided with veh 1. D2 said she had a green traffic light. Driver 1 (D1) stated she was NB on N 27th and stopped at the red light and she was hit by veh #2. D1 did not know what had occurred. Witness #1 stated she was behind veh 1 and stopped for the red light. Witness #1 said veh #1 started moving forward and hit by veh 2. Witness #2 stated he was EB on Vine St with a green light and veh 2 was also EB on Vine. Witness #2 stated veh 1, going NB on N 27th, turned in front of veh 2 causing the accident. Witness #3 stated veh 1 was in the outside lane and NB on N 27th and violated the red light causing the accident with veh 2.

Ь.																
Brick Wagey Drug 800 n						rug 800 r	n 27th, Li	ncoln, l		PHONE		\$ 500				
PROPERTY	OBJECT DAMAGED OWNER NAME							ADDRESS	3	PHONE	A	\$ APPROX. COST OF DAMAGE				
Patience Mudundulu 3179 Kleckner Ct, L NAME Justino Leija 507 Bridger RD, Lincoln, NE								ADDRESS NE	3				02-2777			
WITN	Jus	stir	10	Leija 507 Br	idger RD, I	_incoln, N	IE 6852	ADDRESS				570	1 1412			
VEI	В	EFC	RE	MOVEMENT COLLISION ROAD OR		POINT OF IN	AGED AREA	4	AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1		TAL JPANT	s VEH	1	VEH 2	
NO.	N S	E	W	N 27th		er numbers		,	-	-	ALC:	OHOL TING	Driver No. 1	Drive No. 2	2 trian	
2		X		Vine St	POINT OF IMPACT					1 None used - vehicle occupan 2 Lap & shoulder belt used	t ALCC LEV	/EL	Y N X	N X	Y (N	
1	· 0 ·		MOST DAMAGED AREA	08	MOST DAMAGED AREA	08	Deployed - side Deployed - both front/side Not deployed	3 Shoulder belt only used 4 Lap belt only used	BAC L	EVEL		Driver	Driver			
	2 01 07 Making U-turn 08 Entering traffic lane			08 Entering traffic lane	00 None	02		04	5 Not applicable/ No airbag available 6 Unknown	5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used	'''	LCOH DRUG ISPEC	OL/ No. 1 S 1		No. 2	
01 Essentially straight ahead traffic lane 02 Backing 10 Parked 03 Changing lanes 11 Slowing or 04 Overtaking/ stopped in traffic Passing 12 Other 05 Turning right 13 Unknown			traffic lane 10 Parked s 11 Slowing or stopped in tra	10 Underc 11 Total (a	09 Top & windows 10 Undercarriage 11 Total (all areas)			VEHICLE 2	9 Restraint use unknown VEHICLE 2	2 Ye 3 Ye 4 Ye	either alcohol nor s - alcohol suspect s - drugs suspecte s - alcohol & drug uknown		cted ed	•		
OFFICER NO. TROOP/ 1583 TEAM/ BEAT CE						E		DEPART	DIN Police Departmer	nt	•		otograp en?	hs S	YES X NO	
INVESTIGATOR NAME (Print or Type) Jorge Dimas								roved by	ATURE y Officer Jorge Dimas	s		ATE OF 09/06/2015				

	50 35	362(9	04		State of I		Motor	· Vehic	le A	cciden	it Co	ntinuati	on Rep	ort	Sheet							
					Local No./ District 029													STATE USE ONLY				
Vehicle Codes	ΙГ				ENT (MM/DD/	YYYY)	PLACE OF	COUNTY	Lan	ncaster												
from Overlay		09/0)6/20	15			ACCIDEN	IT CITY Li	ncoln									Seq	uenc			
#2		OAD	ON WH	ICH ACCII	DENT OCCUP	RRED STRE	ET/HIGHWA	AY NO. Vi	ne St/	N 27th	-N 28t	h						of E	vent			
VEH.#					I			\	/EHICL	E NO.			_					_	H. #			
	L	DRIVE LICEN		NO.									STATE (Of License)		SE	X	FEMAL MALE	.E				
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			06 Tu	rning left	DAMAGED AREA		DAMAGED AREA		4 Not	oloyed - both f deployed	ront/side	4 Lap belt on 5 Child safety 6 Child boost	iy used seat used	\vdash		Driv	er No.	Driver	No.			
			08 En	king U-turn tering ffic lane	00 None			0.4	No	applicable/ airbag availab	ole		ed helmet used	DF	OHOL/ RUGS							
01 Ess		lly ahead	09 Le		09 Top &	windows	2 03	04	6 Unk	VEHICLE		9 Restraint us			PECTED either alc		r druge	cuenac	tod			
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ဖြူ Mirano	da Phillip	s 521 N	N 25th #2	28 Linc	oln NF		ADDRESS				PHONE 601-8793							
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Jorge Di	mas					Approv	ed by (Officer .	Jorge [Dimas				DATE OF REPORT	09	/06/201	5	